

BEYER WEAVER & THOMAS, LLP

INTELLECTUAL PROPERTY LAW

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FACSIMILE COVER SHEET

AUGUST 18, 2005

FAX#: 571-273-8300 Central Fax Location PAGES (including Cover Sheet): 6

TO: Examiner KHOSNOOKI, Nadia Group 2133

SENDER: Jonathan O. Scott, Reg. 39, 364 Fax# (612) 825-6304
Telephone: (612) 252-3330RE: Application No. 09/702,289
Filing Date: October 30, 2000
Inventor(s): Hassler et al.
Title: TRACKING AND REPORTING OF COMPUTER VIRUS INFORMATION
Docket No.: TRNDP004

MESSAGE: Attached are the following:

- 1) Amendment Transmittal (1pg)
- 2) Reply (4pgs) in response to the Office Action dated August 04, 2005 and requesting a one-month extension of time.

PLEASE CONFIRM RECEIPT OF THIS FACSIMILE - THANK YOU**CONFIDENTIALITY NOTE**

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AUG 18 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Chen et al.

Attorney Docket No.: TRNDP004

Application No.: 09/702,289

Examiner: KHOSHNOOKI, Nadia

Filed: October 30, 2000

Group: 2133

Title: TRACKING AND REPORTING OF
COMPUTER VIRUS INFORMATION**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted to the U.S. Patent and Trademark Office, Central Facsimile Telephone number (571) 273-8300 on this day August 16, 2004 addressed to Examiner KHOSHNOOKI, Nadia.

Signed: 

Ann Lowe

AMENDMENT TRANSMITTALMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

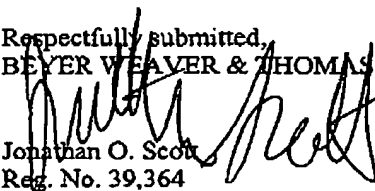
Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entry Rate Fee	Large Entry Rate Fee
Total Claims	22	MINUS	22		x 25 =	x 50 = 0
Independent Claims	2	MINUS	2		x 100 =	x 200 = 0
Multiple Dependent Claim Present and Fee Not Previously Paid					\$180.00	\$360.00
Total					\$	\$

- ☒ Applicant(s) hereby petition for a one month extension(s) of time to respond to the aforementioned Office Action.
- ☐ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. TRNDP004).

Respectfully submitted,
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